

New Jersey Department of Environmental Protection
General Services
Examinations & Licensing Unit

OFFICE USE ONLY

App. Fee _____
RA _____
Date _____
Initial Lic. Fee _____
RA _____
Date _____

APPLICATION FOR
NEW JERSEY MASTER WELL DRILLER LICENSING EXAMINATION
INSTRUCTION SHEET

Enclosed is an application and study material for the New Jersey Master Well Driller Licensing Examination.

- All applicants must circle the appropriate test month.
- All applications must be completely filled out and notarized or your application will be rejected.
- In order to qualify for the New Jersey Master Well Driller License you must possess a valid New Jersey Journeyman Well Driller License for two years and have at least five years of drilling experience as of the signature date on the application.
- All applicants must attach to each application, legible copies of the State Well Drilling Permit and Well Record for each of the five wells listed in Section B or your application will be rejected.

A non-refundable \$35.00 check made out to the "Treasurer, State of New Jersey" should be enclosed with the application and the completed package sent to the following address:

New Jersey Department of Environmental Protection
Examinations & Licensing Unit
PO Box 441
Trenton, New Jersey 08625-0441

Further notice will be sent to you after your application is reviewed and accepted, indicating the date, time and location for your scheduled examination. A location map for the testing center will be included with the notification.

NOTE: NO EXCEPTIONS FOR LATE APPLICATIONS
Applications must be postmarked by the appropriate closing date

Regularly scheduled examinations will be held during the second or third week of each test month.

(Please circle the
appropriate month →
you wish to be tested)

TEST MONTH

April

October

**APPLICATION
CLOSING DATE**

March 1

September 1

APPLICATION FOR NEW JERSEY MASTER WELL DRILLER LICENSING EXAMINATION

under the provisions of N.J.S.A. 58:4A-4.1 et seq.

PLEASE TYPE OR PRINT

A. GENERAL INFORMATION

Name _____ Age _____

Address _____
Street, Town, State & Zip Code

Daytime/Work Phone No. () _____ *Social Security Number _____ - _____ - _____
Area Code

**The social security number is required of all individuals applying for any license in accordance with Child Support Act (N.J.S.A.2A:17-56.44e). Failure to provide this information will result in an automatic rejection of your application.*

Applicant is subject to examination before the New Jersey State Well Drillers and Pump Installers Examining and Advisory Board under the provisions of N.J.S.A. 58:4A-10.

List any colleges, universities, vocational and/or business schools attended.

NAME AND LOCATION OF SCHOOL	MAJOR AREA OF STUDY	DATES ATTENDED
		From
		To
		From
		To

B. WORK EXPERIENCE - Fill in your prior work experience in well drilling. All applicants must indicate the month, day and year for each employment date(s) listed. State Well Permit and Well Record forms for the wells listed below must accompany this application.

(Attach additional sheets if necessary)

NAME, ADDRESS & TELEPHONE # OF EMPLOYER	DESCRIBE YOUR DUTIES & RESPONSIBILITIES	DATES EMPLOYED
		From
		To
		From
		To
		From
		To

List all pertinent information regarding your New Jersey Journeyman Well Driller license.

**N.J. Journeyman
Registration Number**

Original Date Issued

Expiration Date

Do you possess any out-of-state Well Driller License(s)? ☐ Yes ☐ No

State Issued

License Number

Date Issued

Expiration Date

NOTE: The state well records for all wells listed below must depict your name as the well driller of record or your application will be rejected.

N.J. WELL PERMIT NO.	DATE OF DRILLING	DEPTH OF WELL	METHOD OF DRILLING
1.			
2.			
3.			
4.			
5.			

Applicant must provide the names of at least two references who can verify your work experience on the wells listed above in Section B of this application.

NAME	ADDRESS	PHONE NO.	N.J. WELL DRILLER REGISTRATION # (if applicable)
1.		()	
2.		()	

I, the undersigned applicant, certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

Date _____

County of _____

Sworn to and subscribed before me this _____ day of _____ 20____

(Official Seal)

Notary Public

REMINDER:

- Have you indicated which test month you wish to take your examination?
- Have you completed all appropriate sections of your application and attached legible copies of all pertinent information?
- Have you signed and notarized your application?
- Have you attached legible copies of the State Well Permit and Well Record Forms for the wells you listed in Section B?
- Have you attached your non-refundable \$35.00 application fee payable to "**Treasurer, State of New Jersey**"?

October 2003

JOURNEYMAN & MASTER WELL DRILLING LICENSE

LIST OF SUGGESTED STUDY MATERIALS

“Ground Water & Wells”, Driscoll (1986)

Smythe Companies of Austin

Att: Book Orders

508 10th Street N.E.

Austin, MN 55912

Phone: 800-397-6110

The following six publications are available from:

National Ground Water Association

601 Dempsey Road

Westerville, OH 43081

Phone: 800-551-7379

Fax: 614-898-7786

Web site: www.ngwa.org (the on-line store)

1. **“Ground Water Hydrology for Water Well Contractors”**
2. **“Water Well Drillers Beginning Training Manual”**
3. **“Employee Safety Manual”**
4. **“Well Drilling Operations”**
5. **“Manual on the Selection and Installation of Thermoplastic Water Well Casing”**
6. **“Well Drilling Manual”**

The following ASTM Standards are available from:

ASTM International

100 Barr Harbor Drive

West Conshohocken, PA 19428

610-832-9585

Web Site: www.astm.org

ASTM Standard D1586-99, "Standard Test Method for Penetration Test and Split-Barrel Sampling of Soils"

ASTM Standard D1587-00, "Standard Practice for Thin-Walled Tube Sampling of Soils for Geotechnical Purposes"

ASTM Standard D5092-90(1995)e1, "Standard Practice for Design and Installation of Ground Water Monitoring Wells in Aquifers"

ASTM Standard F480-00, "Standard Specification for Thermoplastic Well Casing Pipe and Couplings Made in Standard Dimension Ratios (SDR), SCH 40 and SCH 80"

"NJDEP Field Sampling Procedures Manual", May 1992

Maps and Publications Sales Office

NJDEP

P.O. Box 438

Trenton, NJ 08625-0438

Phone: 609-777-1038

Web Site: www.state.nj/dep/njgs/

"Water Systems Handbook 11th Edition"

Water Systems Council

National Programs Office

1101 30th Street N.W., Suite 500

Washington, DC 20007

Phone: 888-395-1033

Fax: 202-625-4363

Web Site: www.watersystemscouncil.org

"NJ High Voltage Proximity Regulations"

"New Jersey Subsurface and Percolating Waters Act (N.J.S.A. 58:4A-4.1 et seq) and implementing regulations ***

"New Jersey Safe Drinking Water Act (N.J.S.A. 58:12A-1 et seq) and implementing regulations"***

***An applicant will be responsible for knowing those portions of the laws and regulations which pertain to the specific license category for which they have applied.